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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	05/924,406
Filing Date	11 July 1978
First Named Inventor	Hyman Kirtchik
Art Unit	
Examiner Name	
Attorney Docket Number	11,888

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the address associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

The office function of the attorney is being transferred as of 01 Oct 06.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☒ The address associated with Customer Number:

OR

<input type="checkbox"/>	Firm or Individual Name			
Address				
City		State		Zip
Country				
Telephone			Email	
Signature				
Name	William G. Auton		Registration No.	31,320
Date	31 July 2006		Telephone No.	(781) 377-4072

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.